

City of Grand Rapids

Storm Water Operator Inspection Log

LUDS Permit # _____

Please fax or email within 24 hours of inspection to the City of Grand Rapids- **Attn: Pat Snyder**
 Fax: (616) 456-4199
 Email: stormwater@grcity.us

Inspection Date: _____ Time: _____ ☐ A.M. ☐ P.M.

Project Name: _____

Certified Operators Name _____ License # _____

☐ Weekly Inspection ☐ Inspection after Stormwater Runoff Date of Rain Event: _____

Weather at time of inspection: _____

OBSERVATIONS:	INSTALLED		MAINTAINED		NOTES:	ACTION NEEDED
	YES	NO	YES	NO		
SILT FENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A1 <input type="checkbox"/>
INLET PROTECTION (SILT SACKS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A2 <input type="checkbox"/>
SEDIMENT BASIN(S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A3 <input type="checkbox"/>
OFF-SITE TRACKING CONTROLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A4 <input type="checkbox"/>
REGULAR STREET SWEEPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A5 <input type="checkbox"/>
SLOPE PROTECTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A6 <input type="checkbox"/>
STOCKPILE PROTECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A7 <input type="checkbox"/>
DIVERSION BERMS/SWALES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A8 <input type="checkbox"/>
CHECK DAMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A9 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A10 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A11 <input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		A12 <input type="checkbox"/>

Actions Needed _____

Chapter 32, Section 2.293 of the Grand Rapids City Code titled City Stormwater Drainage System states that “No person shall knowingly make any false statement, representation or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to this Chapter, nor shall any person falsify, tamper with, interfere with, or knowingly render inaccurate any monitoring device or method used pursuant to this chapter. (Ordinance No. 2001-26 § 1, 7-31-01)”.

Page ____ of ____ page(s) **SWO Signature:** _____ Phone # _____